

SPECIAL EVENT APPLICATION

Revised September, 2014

Application for this permit MUST be submitted at least 60 days prior to your special event.
Community Block Party/Closure requests should be made using the Request for Neighborhood Street Closure form.

I. General Information

Type of Event: (please check all that apply)

☐ Parade/March ☐ Run/Walk/Bike ☐ Outdoor Market ☐ Festival ☐ Street Fair ☐ Rally/Protest

☐ Athletic Event ☐ Exhibit ☐ Trail/Greenway Event ☐ Other (explain): _____

Event Name: _____ **Event Location:** _____

Event Website/Twitter/Facebook: _____

Event Date (s): _____ **Inclement Weather Date(s):** _____

Description of Event (Please briefly describe the event.)

Purpose of Event: _____ **Target Market:** _____

Overall Event Timeframe: _____ **Start Time:** _____ **End Time:** _____

Set-Up/Load-In: Date & Time (start/end): _____

Dismantle/Load-Out (Completion) Date & Time (start/end): _____

Will this event require street closures? ☐ Yes ☐ No (If YES, please complete Appendix B this application)

Estimated Daily Attendance: _____

Basis on which this estimate is made: _____

Is the Event private (invite-only) or open to the public? _____

II. Applicant and Sponsoring Organization Information

Sponsoring Organization Name: _____

Sponsor Status: ☐ Non-profit ☐ Charitable ☐ For-profit ☐ Individual ☐ Other

If non-profit, are you: ☐ 501c (3) ☐ 501c (6) ☐ Place of worship

****Federal 501c Letter must accompany application to validate non-profit****

Applicant Name: _____ **Title:** _____

Address: _____ **City:** _____ **State:** _____ **Zip:** _____

Mobile Phone: _____ **Email:** _____

Day of Event Contact: (Please provide information for a contact person who will be on-site the day of your event.)

Applicant Name: _____ **Title:** _____

Address: _____ **City:** _____ **State:** _____ **Zip:** _____

Mobile Phone: _____ **Email:** _____

III. Run/Walk/Parade Route Closure Requests

- Fill out **Appendix A** if you are applying for a Run/Walk/Parade Permit. Must include written turn by turn directions.

IV. Street Closure Requests

- Fill out **Appendix B** if you are requesting a street closure as part of your special event.

V. Sidewalk Closure Requests

- Fill out **Appendix C** if you are ONLY requesting for a sidewalk closure as part of your special event.

VI. Event Details:

Please answer the following questions regarding your event.

- ☐ Yes ☐ No Is this an annual event?
What years have the event taken place? _____
Have any changes been made from previous years? ☐ Yes ☐ No
If YES, please describe these changes. _____
- ☐ Yes ☐ No Does the event involve the **sale or use of alcoholic beverages**?
If "YES":
Has the ABC permit been obtained? ☐ Yes ☐ No
What locations will alcohol be served? _____
What types of alcohol will be served? _____
Will wristbands or any other means be used to prevent underage drinking? _____
➤ A copy of the ABC permit is required to be submitted before the event move-in
- ☐ Yes ☐ No Does the event involve the **sale of any non-food items**?
If "YES", have you applied for a privilege license? ☐ Yes ☐ No
➤ A copy of your privilege license may be required to be submitted.
- ☐ Yes ☐ No Does the event involve the **sale of food**?
If "YES" has the health department been notified? ☐ Yes ☐ No
➤ A Letter from the health department must be submitted 30 days prior to the event
➤ A copy of your business license may be required to be submitted
- ☐ Yes ☐ No Will there be **musical entertainment** at your event?
If "YES", please provide the following information:
➤ Type(s) of music: _____
➤ Number of stages: _____ Number of Bands: _____
➤ Amplification? ☐ Yes ☐ No **Note: Any Live or Loud Music must end by 11:00pm.**
- ☐ Yes ☐ No Do you plan to use an existing **occupied building**? Vacant Building?
If "YES", address: _____
➤ A Fire Department Inspection will be required
- ☐ Yes ☐ No Will there be any **tents, canopies, or temporary structures** in the proposed event site?
If "YES", please provide the following information:
➤ Provider of tents?: _____ # of tents?: _____
➤ Approximate Sizes: _____
➤ Will any tent exceed 400 sq feet in area? ☐ Yes ☐ No
➤ **Note: Tent permits will be required from Building Inspections Department.**
- ☐ Yes ☐ No Does the event involve the use of **pyrotechnics (includes fireworks, lasers, etc.)**?
If "YES", explain: _____
➤ **Note: A Guilford County Pyrotechnic permit is required to be submitted before the event move in.**
➤ **Note: Please include a map of set-up/fall-out area for fireworks.**

- ☐ Yes ☐ No Will you provide **portable toilets** for the general public? (Minimum of 1 per 250 people)
If "YES", how many reg/H-C? _____ Location/s: _____
- ☐ Yes ☐ No Will you require **access to City of Greensboro provided water** for the event?
If "YES", explain: _____
- ☐ Yes ☐ No Will you require **electrical hookups** for this event? If "YES", where? _____
- ☐ Yes ☐ No Will you be using **generators** for this event?
- ☐ Yes ☐ No Will **admission fees** be charged to attend this event?
If "YES", provide the cost(s) of all tickets: _____
➤ Note: The NC gross receipts tax is 3% remitted to the state of NC.
- ☐ Yes ☐ No Will **fees be charged to vendors** to participate in this event?
If "YES", please provide the schedule of fees: _____
- ☐ Yes ☐ No Will **inflatable parade balloons** be used for this event?
If "YES" provide size and details: _____
- ☐ Yes ☐ No Will any **amusements (moon walks, bounce-houses, dunk tanks, etc.)** be used for this event?
If "YES" provide size and details: _____

Miscellaneous Questions:

Trash & Recycling: *Note: Please see Special Information and Conditions below for Recycling requirements.*

- Do you need City of Greensboro assistance with trash and recycling services? _____
- How many trash/recycling receptacles do you think you need? _____

Parking

- Do you need parking meters bagged or parking spaces blocked off? ☐ Yes ☐ No
If "YES", list meter numbers/locations: _____
Note: There is a \$5.00 per space, per day fee for bagging meters. Payment made in advance with GDOT: Parking
- How will overall patron parking be accommodated for this event? _____

Notes: Parking and buildings may be examined for ADA compliance. You may be required to provide a shuttle if the event places undue demands on surrounding parking areas.

Advertisement

- Will the event be marketed, promoted, or advertised in any manner? ☐ Yes ☐ No
 - If YES, please describe the outlets that will be used. _____
- Do you have an advertising budget for the event? _____
Note: Include a copy of your advertisement flyer or any applicable materials with your application submission.
- Will there be live media coverage at your event? ☐ Yes ☐ No
- Does the event have a media partner and if so please list? _____
- Do you object to your event being published to the C.O.G Special Event Calendar? ☐ Yes ☐ No
- Will any handouts/pamphlets, advertising material be handed out during the event? ☐ Yes ☐ No

Special Information and Conditions of receiving a Special Event Permit:

Event Notification:

Applicants are required to notify property owners affected by the event between 30 days and 15 days prior to the event. A draft of the residential or business notification forms should be given to every resident or business affected by your event. You can obtain special event notification forms from the City of Greensboro Special Events Office.

Vulgar Language and Lewd Conduct:

Applicant agrees to restrict the use vulgar language or lewd behavior by event participants, vendors, or talent that may offend patrons at the event. Specific consideration should be given to occasions with free admission and openly accessible event spaces.

Attendance:

Applicant must make best efforts to take mechanical counts of attendance of the event by session or by day, and to provide such information to the city within five (5) days following the conclusion of the event. The information will be used internally to document attendance levels for future planning and administrative purposes.

Event Advertisement

Do not announce, advertise or promote your event until you have a completed and submitted this application and you have received preliminary approval from your Special Events representative.

Street/Event Area Conditions

No permanent alterations to the street or permitted area will be permitted. Any and all festival/event equipment, trash or remnants must be removed within 12 hours of the end of the event.

Recycling:

Organizers are **required** to establish plans for reclaiming recyclable items during all City of Greensboro special events. All special events are required to include within marketing literature (both print and electronic) that Recycling will take place and attempt to utilize the City of Greensboro recycling logo information provided by Field Operations. Contact Field Operations at 336- 373-2053 for assistance with those plans to participate in the City of Greensboro's recycling program.

Parking Meters:

If the special event needs to have parking meters bagged for the event, you must notify the Special Events Office. Please include on this application, the meter/s identification number/s and details about the timeframe meters need to be bagged. After notification, applicant will contract with the Parking Enforcement Office 373-2156 and it is the responsibility of the applicant to install proper signage to ensure parking spaces are open at the time of the event. The City of Greensboro is not responsible for the towing of vehicles from these reserved spaces.

Public Safety:

Police: The Special Events Manager, in consultation with the Greensboro Police Department, shall determine the number of police officers needed to appropriately manage street closures and for internal security, as well as the time when such services shall commence and end. The Applicant shall be responsible for directly hiring and paying off-duty law enforcement officers with checks on the day of the event. Secondly, Greensboro Police will bill applicant post-event at a rate of \$2.00/officer hour worked. This fee covers workers compensation for the officers.

Applicant must reserve required number of officers via Police website at www.greensboro-nc.gov/hireanofficer. This should be completed (30) days prior to the event. Please contact Renee McDaniel, at 336-373-2121 or at renee.mcdaniel@greensboro-nc.gov.

EMS/Medical: The Special Events Manager, in consultation with Guilford County Emergency Services will determine the number of Emergency Medical Technicians needed as well as the time when such services shall commence and end. The applicant is required to make arrangements for such services and pay the cost of such services upon receipt of contract and or invoice. EMS reservation line: **Scott O'Connor, Special Events Coordinator, Guilford County Emergency Services, 336-641-6561**

GDOT Street Closure Equipment: Applicant will be billed after the event for the rental of traffic control equipment. Typical costs range from \$175 to \$250 for these services.

Trail and Greenway Event Usage Fee: For events held on a Greensboro Parks and Recreation maintained Greenway or Trail, applicant must pay \$10/mile of trail used, plus \$1.00/each participant. Trail usage must be pre-approved by Trails Director, 373-3816, prior to event confirmation.

CURRENT SPECIAL EVENT PERMIT FEE SCHEDULE: Fees for special events and neighborhood block parties will utilize the fee schedule set forth in City Ordinance 26-4(b). Permit fees are non-refundable and are subject to change.

Parade, Walk, or Run:	\$125
Festivals/Exhibition Shows:	
Non-profit organization without sales:	\$10
Non-profit organization with sales:	\$200
For-profit organization:	\$200
Neighborhood Block Parties:	\$50

** (Complete the Request for Neighborhood Street Closing Form)**

Checks should be made payable to: City of Greensboro, Parks & Recreation

Binding Agreement

I have read and understand this application and the requirements placed upon this applicant and organization. I agree to abide by the City of Greensboro rules, regulations and ordinances should my permit application be approved. And I will fulfill the requirements placed upon this permit application.

Authorized Signature: _____ Date: _____

Organization: _____

Use this checklist to ensure that you have all of the needed documents attached. The following documents **MUST be attached with submitted application:**

Insurance:

- ☐ **Please attach proof of insurance or applicable rider** - Comprehensive General Public Liability Insurance required: \$1, 000,000 per person per occurrence with a \$2,000,000 aggregate naming the City of Greensboro as additionally insured. **Certificate should be specifically worded: **The City of Greensboro, its officers, employees and agents are additionally insured.** EXAMPLE of insurance certificate available upon request. If alcohol is being served at the event, Liquor Liability is required to be included on the Certificate of Insurance.

Map of Event:

- ☐ **Please attach a map of the entire event area** – This map should include street closures, vendor locations, port-a-john locations, stage & entertainment locations, and any other significant details.

Emergency Risk Management Plan:

- ☐ **Please attach a copy of your Event Emergency Risk Management Plan** – This plan should take into consideration, but should not be limited to: Crowd Management, Electrical & Gas Safety, Responsible Alcohol, Service, Adverse Weather conditions, Security, Slip/Trip/Fall/Burn Hazards, Fire Hazards, Water Hazards, Venue Specific Hazards, Evacuation Plans, etc.

RETURN COMPLETED APPLICATION AND APPROPRIATE FEES TO:

**City of Greensboro Parks & Recreation Dept., Special Events Office,
1001 W. Fourth St., Greensboro NC 27405
Telephone: (336) 373-4572, Fax: (336) 373-4133
Email: Joshua.Sherrick@greensboro-nc.gov**

Appendix A

RUN/WALK/PARADE ROUTE DESCRIPTION

Revised January 2013

EVENT NAME: _____

EVENT DATE: _____ **EVENT TIME:** _____

FORMATION AREA LOCATION: _____

STARTING POINT: _____

ENDING POINT: _____

ROUTE: (Please provide a turn-by-turn description of the proposed parade/run/walk route. A map of the route may also be required.)

Route Begins:

Route Ends:

To: City Manager

As part of this application for a special event permit, I hereby request a deviation from the standard, approved routes described in the Greensboro City Ordinances, Chapter 26, Schedule A.

I certify that all the information pertinent to this route deviation request is contained in this application and that the route is accurately described above.

Signature: _____ **Date:** _____

Appendix B

STREET CLOSURE REQUEST FORM

Revised January 2013

EVENT NAME: _____**EVENT DATE/S:** _____**EVENT TIME:** _____**a. Name of street to be closed:** _____

Is this a total closure or partial lane closure? _____

Beginning Intersection Point: _____

Ending Intersection Point: _____

Beginning Time: _____ Ending Time: _____

b. Name of street to be closed: _____

Is this a total closure or partial lane closure? _____

Beginning Intersection Point: _____

Ending Intersection Point: _____

Beginning Time: _____ Ending Time: _____

c. Name of street to be closed: _____

Is this a total closure or partial lane closure? _____

Beginning Intersection Point: _____

Ending Intersection Point: _____

Beginning Time: _____ Ending Time: _____

Street Closure Guidelines:

- Closure Times: Streets are only permitted to close and open according to times listed on the Special Event Permit.
- Closure Set-Up: Executing the street closure must be done by Law Enforcement Officers only.
- Fire Lane: 20' Wide Fire-Lane must be maintained throughout all street closures
- Vendors: All festival vendors should be contained within street closure, not on sidewalks.
- Handicap Sidewalk Ramps: Handicap Sidewalk Ramps should remain unblocked throughout closure.

By signing below, I understand and agree to the Street Closure Guidelines listed above. I also understand that the Police Supervisor working my event has the final authority on any decision that needs to be made regarding my street closure.

Signature: _____ Date: _____

Appendix C

SIDEWALK CLOSURE REQUEST FORM

Revised January 2013

EVENT NAME: _____**EVENT DATE/S:** _____ **EVENT TIME:** _____**a. Specific Street on which the Sidewalk is to be closed:** _____

Numbered Block of Street: _____

Beginning Intersection Point: _____

Ending Intersection Point: _____

Beginning Time: _____ Ending Time: _____

Sidewalk Closure Guidelines:

- **Businesses on Sidewalk:** There CANNOT be any businesses along the sidewalk closure that disapprove of the sidewalk closure.
- **Notification:** Applicant MUST notify all businesses and residencies affected by the sidewalk closure. Applicant should utilize the Notification Form.
- **Closure Times:** Sidewalks are only permitted to close and open according to times listed on the Special Event Permit.
- **Closure Equipment:** Sidewalk closure must be executed with GDOT Barricades and Equipment.
- **Closure Set-Up:** Sidewalk closure should be physically executed by the event permit holder.
- **Opposite Sidewalk:** Access to the sidewalk on the opposite side of the street must be maintained at all times during the event.
- **Vendors:** All festival vendors should be contained within street closure, not on sidewalks.
- **Event Perimeter:** Event perimeter must NOT exceed the sidewalk area. No event equipment or event vendors should encroach into the street along the sidewalk closure.

By signing below, I understand and agree to the Sidewalk Closure Guidelines listed above. I also understand that the City of Greensboro Special Event Manager has the final authority on any decision that needs to be made regarding my sidewalk closure.

Signature: _____ Date: _____